The Prevention of Fetal Alcohol Effects (FAE I) Study in the District of Columbia

Methodology: This study was a joint program of research among investigators from the NIH-DC Initiative to Reduce Infant Mortality in Minority Populations in DC and the National Institute for Alcohol Abuse and Alcoholism (NIAAA), with funding support from the National Institute for Child Health and Human Development (NICHD). The project involved the cooperation of researchers from NIH, Howard University Hospital, DC General Hospital, and Providence Hospital.

This study served as the first phase of a larger program to identify and test interventions for pregnant women in DC who consumed alcohol at levels that may place their fetuses at risk for fetal alcohol syndrome and other alcohol-related sequelae. Specifically, the project goals were to:

- evaluate the feasibility and acceptability of audio computer-assisted self-interviewing (ACASI) screening in a clinic setting,
- determine the prevalence of risk of drinking in this population of women, and
- evaluate the efficacy of specific questions for screening the risk of drinking pregnancy.

Data were collected in 9 hospitals and clinics over 23 weeks, from May to October 1999. A total of 1,566 women were approached; 99 percent were screened, and 41 percent were eligible. A total of 507 valid interviews were completed. Project investigators focused on the three areas (noted above) to conduct data analyses.

Results: Through the use of the specific quantity/frequency questions, our screening tool revealed that 27 percent of current drinkers who drank less than one ounce of (undiluted) alcohol per day also binged drank at least once during their pregnancy. Fifty-six percent of women consumed alcohol in the 3 months prior to and into their pregnancy and 12 percent drank at high-risk levels, much higher than the percentage reported in studies of similar populations (CDC, 2002). This study revealed that there is a considerable subset of pregnant women who drink at a moderate risk level. Heavy drinkers were more likely to binge drink and more often reported a history of injuries, including bone fractures and traffic accident injuries within the past 5 years. Women who consumed alcohol at high compared to moderate risk level were significantly more likely to report a history of at least one premature birth. Over half of the current drinkers were more likely to have initiated drinking before age 18.

In conclusion, it is worthwhile to use the ACASI screening tool, to ask specific questions about the drinking habits of women during pregnancy. Other risk factors such as age, injuries, parity, unwanted pregnancy, smoking, and receiving public assistance may also be identifiers of risk of unsafe drinking habits.